Summary of Meals Served

Check One: ☐ School Lunch ☐ School Breakfast
☐ After School Snacks

School/Site:

Teacher: **Grade:**   **Month:**   **Year:**

End of the Month Totals

Name	Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Paid	Reduced	Free	Date
Free Daily Total																																					
Reduced-Price Daily Total																																					
Paid Daily Total																																					
Total																																					

Prepared by: _____

Signature and Date